

32  
CERTIFIED MAIL  
Return Receipt Requested

May 27, 1982

Mr. Jerome Patterson  
Supervisor  
McDonnell Douglas Corp-St. Louis  
P.O. Box 516-Dept. 191C  
St. Louis, Missouri 63166

EPA I.D. NO. MOD000818963

Dear Mr. Patterson:

You previously submitted a Resource Conservation and Recovery Act (RCRA) Part A permit application, which indicates you own or operate a hazardous waste management facility which is currently operating under interim status in the State of Missouri. I am writing you to make you aware of two recent amendments to the RCRA regulations. On April 7, 1982, the Environmental Protection Agency (EPA) published interim final rules in the Federal Register requiring owners and operators of hazardous waste management facilities to demonstrate financial responsibility for the costs of closure and post-closure care. EPA published third party liability coverage requirements for owners or operators of hazardous waste management facilities in the April 16, 1982, Federal Register.

Closure and Post Closure Assurance

As an owner or operator of a hazardous waste treatment, storage, or disposal (TSD) facility, you are required to submit information that demonstrates that you are financially capable of bearing the costs of closing your facility. In addition, if you own or operate a disposal facility, you also must submit information that demonstrates that you are capable of covering the costs of post-closure care of your facility.

The appropriate documentation, as specified in the enclosed regulations, must be submitted to this EPA Regional Office by July 6, 1982. You must submit one or a combination of the following documents, with wording of the documents identical to the wording specified in the regulations:

- o a trust agreement;
- o a surety bond;
- o a letter of credit, including a standby trust agreement;
- o a certificate of insurance;



R00144154  
RCRA RECORDS CENTER

- o a letter from your firm's chief financial officer, an auditor's report, and a report of examination from an independent certified public accountant; or
- o a corporate guarantee.

### Liability Coverage

As an owner or operator of a hazardous waste treatment, storage, or disposal facility, you must demonstrate that you have liability coverage for sudden accidental occurrences at your facility. You may use either an insurance policy or a financial test to demonstrate third party liability coverage. You must submit to this office by July 15, 1982, the appropriate documentation for liability coverage for sudden accidents, as specified in the enclosed regulations.

In addition, if you own or operate a landfill, surface impoundment, or land treatment facility, you must also demonstrate that you have liability insurance for nonsudden accidental occurrences at your facility. You must submit the appropriate documentation for liability coverage for nonsudden accidents, as specified in the enclosed regulations, according to the following phase-in schedule: if you have annual sales or revenues of \$10 million or more, by January 16, 1983; if you have sales or revenues between \$5 and \$10 million, by January 16, 1984; or if your annual sales or revenues are less than \$5 million, by January 16, 1985. If you fall into one of the last two groups, you must submit notification of when you will have liability coverage for nonsudden accidents by January 16, 1983. You must submit one or a combination of the following documents, with wording of the documents identical to the wording specified in the regulations:

- o a certificate of insurance;
- o a liability endorsement; or
- o a letter from your firm's chief financial officer, an auditor's report, and a report of examination from an independent certified public accountant.

State and Federal facilities are exempt from these requirements, as are those facilities which store hazardous waste for less than 90 days.

As a matter of policy, each state will be implementing its own financial requirements, and we would suggest that your facility contact Joe Jansen, Missouri Department of Natural Resources (MDNR) for the particular state financial requirements.



If your operation status has changed since your Part A was initially submitted and you believe that your facility is not a "TSD" facility to be regulated under the RCRA regulations, and should be exempted from the existing interim status standards, please contact our office.

I suggest that you review the enclosed copies of the revised interim final regulations. Failure to comply with these requirements subjects you to possible enforcement action. If you have any questions, please contact Midge Given, Permits Section at (816) 374-6531 for assistance.

Sincerely yours,

David A. Wagoner  
Director, Air and Waste Management Division

Enclosures

PS Form 3811, Dec. 1980

● **SENDER:** Complete items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).

- ☒ Show to whom and date delivered ..... —¢  
☐ Show to whom, date, and address of delivery.. —¢

2. ☐ **RESTRICTED DELIVERY**

(The restricted delivery fee is charged in addition to the return receipt fee.)

**TOTAL \$** \_\_\_\_\_

3. **ARTICLE ADDRESSED TO:**

Jerome Patterson, Supervisor  
 McDonnell Douglas Corp. - St. Louis Tract  
 P.O. Box 516 - Dept. 11C  
 St. Louis, MO 63166

4. **TYPE OF SERVICE:**

- ☐ REGISTERED ☐ INSURED  
☒ CERTIFIED ☐ COD  
☐ EXPRESS MAIL

**ARTICLE NUMBER**

0321607

(Always obtain signature of addressee or agent)

I have received the article described above.

**SIGNATURE** ☐ Addressee ☐ Authorized agent

5. **DATE OF DELIVERY**

5/29/82 TRACT  
 JUN 1 1982

6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL



Form 3800, Apr. 1976

Jerome Patterson McDonnell Douglas Corp. - St. Louis Tract

<b>CONSULT POSTMASTER FOR FEES</b>		<b>SENT TO</b> Jerome Patterson, Sup. P.O. Box 516, Dept. 11C St. Louis, MO 63166	<b>POSTAGE</b> \$
<b>OPTIONAL SERVICES</b>			
<b>RETURN RECEIPT SERVICE</b>			
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	SPECIAL DELIVERY	RESTRICTED DELIVERY
<b>TOTAL POSTAGE AND FEES</b> \$		<b>POSTMARK OR DATE</b> \$	

**No. 0321607**

**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)